

Health Department, City of Baltimore.

Permit No. 99170

Office of Registrar of Vital Statistics.

Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 11 1887
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

9th April

Gustav Liersemann

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

55.

Years,

8

Months,

8

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Hiker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Exan, Silesia, Germany

Duration of Residence in the City of Baltimore,

6 years.

Place of Death, { Give Street and Number. }

Harestreet 1225 (Canton)

Cause of Death, { First (Primary),

Second (Immediate), } Tuberculosis Pulmonaria

Duration of Last Sickness,

1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, April 11th 1887

{ Undertaker, Wm. Henkel

{ Place of Business, 1715 Alice Ann.

Address,

William Henkel M. D.

Medical Attendant.

S. Walperts 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 99171

Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,



APR 11 1887
BALTIMORE MD

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lena Wadler

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 16

Years,

Months,

Days,

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Single

Occupation,

None

Birthplace, { State or country, and now long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

5 Years.

Place of Death, { Give street and Number. }

733 Luzerne Street

Cause of Death, { First, (Primary). }

Inflammation of the brain -

Second, (Immediate).

Duration of Last Sickness,

About ten days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Corp.

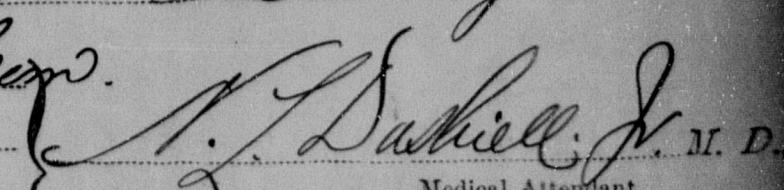
Date of Burial, Apr. 11th 87

Undertaker,

G. F. Tracy

Place of Business, Bont & Wolff

Address, 708 S Broadway



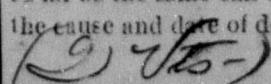
J. D. Dakill, M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]



(Signature)

Health Department, City of Baltimore.

Permit No. 99172 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 11 1887
BALTIMORE, MD.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death,

April 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Graf

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 5 Months, 22 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

4729 S. Dallas St

Cause of Death, { First (Primary),
Second (Immediate), }

Pneumonia

Convulsions

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, Apr. 11 1887

Undertaker, G. French John H. Rehberger M. D.

Medical Attendant.

Place of Business, Frank & Wolf & Co. Address, 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99173 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 4/9/97

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Upshur

Sex, Male or Female, { Cross out the word not required in this line. } Bertha

Age, 7 Years, 7 Months, 0 Days.

Color, Ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Balto.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Life

Duration of Residence in the City of Baltimore, 176 Pearl St.

Place of Death, { Give Street and Number. } 176 Pearl St.

Cause of Death, { First (Primary),
Second (Immediate), } Bronchitis & sneeze

Duration of Last Sickness, Cough for 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Md.

Date of Burial, April 11 1897

Undertaker, W. Chase

Place of Business, 641 Howard St.

F. B. Gardner

G. W. Blenner M. D.

Medical Attendant.

Address, Franklin & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Health Department, City of Baltimore.

Permit No. 99174 Office of Registrar of DEPARTMENT Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 11 1887
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1887 9 A.M.
 Full Name of Deceased, Isaac Kell
 Sex, Male or Female, Female
 Age, 77 Years, Months, Days.
 Color, White
 Married, Single, Widow or Widower, Single
 Occupation, Unknown
 Birth Place, Atlanta, Georgia
 Duration of Residence in the City of Baltimore, Two 2 Weeks
 Place of Death, City-Subp. N.W. cor. Calvert & Saratogath
 Cause of Death, First (Primary), Col. infl. kidneys. Street address 2
 Second (Immediate), Cerebral edema.
 Duration of Last Sickness, in this hospital from Apr. 6th to Apr. 9th
 All the above information should be furnished by the Physician.
 Place of Burial, Bonnie Brae Cemetery
 Date of Burial, 12th April 1887
 Undertaker, H. Jenkins & Sons
 Place of Business, Park & Saratoga
 Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
 City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. 99175 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a fatal illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Spriggs

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 1 Years, 7 Months, Days.

Color, mulatto

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Balk

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } 226 Wayne St.

Cause of Death, { First (Primary), Acorfula
Second (Immediate), Phtisis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Cypress Cemetery

Date of Burial, April 11, 1887

{ Undertaker, Her Oule, No. 2 Howard St. M. D. Medical Attendant.

{ Place of Business, 1000 Carroll St. Address, 518 Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99176 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry James

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 1 Months, 6 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } S

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 2022 Etting St

Cause of Death, { First (Primary), Pneumonia - acute Second (Immediate), Asthenia }

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Cemetery

Date of Burial, Apr 10 1887

Undertaker, Wm. Madden

Place of Business, 46 East St

Eugene Fordell M. D.
Medical Attendant.

Address, 325 Oak St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99177 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

April 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary E. Turnbull

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 28 Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Virginia

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

18 years

Place of Death, { Give Street and Number. }

520 N. Carrollton Dr.

Cause of Death, { First (Primary),

Erysipelas of Face and

Second (Immediate),

Sept.

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 11th 1887

Undertakers, Henry & Mitchell, M.D.

Medical Attendant.

Place of Business, 550 W. Fayette St. Address, 319 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 99178

Office of Registrar of Vital Statistics.

Ward

10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday April 9th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche E. Boulden

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Ten Months, Sixteen Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 544 W. Saratoga St. Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 544 W. Saratoga St.

Cause of death, { First, (Primary), Pneumonia
Second, (Immediate), }

Duration of Last Sickness, Nearly two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 11th

{ Undertaker, William D. J. Gege }

{ Place of Business, 150 East St }

James S. Hanks M. D.,

Medical Attendant.

Address, 312 Pearl Street.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department City of Baltimore.

Permit No. 99179

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death,

April 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Catherine Eissenhart

Sex, Male or Female, { Cross out the word not required in this line.

Female

Age,

60 Years,

Months,

Days.

Color,

Evilite

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Married

Occupation,

Grocery

Birth Place, { State or country, and how long in the United States, if of foreign birth.

40 years

Duration of Residence in the City of Baltimore,

530. 1 Day 1/2

Place of Death, { Give Street and Number.

Dentes final obstruction

Cause of Death, { First (Primary),

Second (Immediate),

Collapse &

Duration of Last Sickness,

Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, April 12 1887

{ Undertaker, Henry Hoepf

Geo. Sloane M. D.

{ Place of Business, 1018. Please add Address, Bay & E. Caroline

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]